MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/ 584-677 **FILING DATE** 6·27·06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3		2					53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12	1						62						
13							63						
14		2					64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22	1						72						
23		1					73						
24	1						74						
25		1					75						
26							76						
27		3					77						
28	1						78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5						TOTAL IND.			5			
TOTAL DEP.	27						TOTAL DEP.			22			
TOTAL CLAIMS	32						TOTAL CLAIMS			27			